

**EXHIBIT**

D. CARTER  
1 8-15-07  
SMB

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION

VIVIAN BERT, et al.,	)	Case No. C-1-02-00467
	)	Judge Beckwith
Plaintiffs,	)	Magistrate Judge Hogan
	)	
v.	)	PLAINTIFF DARRELL CARTER'S
	)	RESPONSES TO DEFENDANT'S
AK STEEL CORPORATION,	)	FIRST REQUEST FOR THE
	)	PRODUCTION OF DOCUMENTS
Defendant.	)	
	)	

**GENERAL OBJECTIONS**

1. The Plaintiff objects to these discovery requests to the extent they seek information or documents protected from discovery and/or disclosure by the attorney/client privilege, the work product doctrine, or any other applicable privilege.
2. The Plaintiff objects to these discovery requests to the extent they seek information or documents neither material nor relevant to the claims or defenses of this action nor reasonably calculated to lead to the discovery of admissible evidence.
3. The Plaintiff objects to these discovery requests to the extent they are overly broad and/or unduly burdensome.
4. The Plaintiff objects to these discovery requests to the extent they are so vague and ambiguous as to be incapable of a definite response.
5. The Plaintiff objects to these discovery requests to the extent they seek confidential or proprietary information or documents. Notwithstanding this objection, the Plaintiff agrees to provide, if any exist, as more fully set forth below, such information or documents subject to the terms of a mutually agreeable protective order to be entered in this action.
6. The Plaintiff objects to these discovery requests to the extent they call for conclusions of law.
7. The Plaintiff objects to these discovery requests to the extent that they seek and/or require the production of documents which are not in the Plaintiff's possession, custody, or control.
8. The Plaintiff objects to the time and place of production for documents specified in these

discovery requests but state, to the extent that the documents are available, as more fully set forth below, they will be produced at a mutually convenient time and place.

9. The Plaintiff objects to the definitions and instructions in the discovery requests to the extent they seek to require the Defendant to comply with requirements beyond the scope of or impose burdens, duties and obligations in excess of or different from those imposed by applicable law and the Federal Rules of Civil Procedure.
10. The Plaintiff objects to these discovery requests to the extent they seek to discover "core" work product, including the disclosure of the mental impressions, conclusions, opinions, and/or legal theories of attorneys or other representatives of Plaintiff and/or the substance of information developed by them (i.e., interpretive, not investigatory) in preparation for the trial of this action.
11. The Plaintiff objects to these discovery requests to the extent that the information sought, if any, was obtained and prepared in anticipation of litigation, and the Plaintiff has not made the required showing of substantial need for the information or that the substantial equivalent of such information is unobtainable by other means. The Plaintiff further objects to these discovery requests to the extent that the information called for, if any, is privileged and is not discoverable under FRCP 26(b)(3) and *Hickman v. Taylor*, 329 U.S. 495 (1947).
12. The Plaintiff objects to these discovery requests to the extent that they seek information that is equally available to the Defendant, and the burden on the Defendant to obtain the requested information is no greater than the burden on the Plaintiff.
13. The Plaintiff objects to these discovery requests to the extent they seek information or documents relating to expert witnesses, witnesses, and trial exhibits in excess of the disclosure duties imposed by the Federal Rules of Civil Procedure and the Court's Orders relating to such matters.
14. The Plaintiff objects to these discovery requests to the extent that they seek information regarding matters which are not at issue in this action.
15. The Plaintiff objects to these discovery requests to the extent that they do not, on their face, restrict themselves either to an identifiable time or a reasonable, rationally-based time frame.
16. The Plaintiff objects to these discovery requests to the extent that they are oppressive, i.e., designed to create an unreasonable burden on the Plaintiff which burden is not commensurate with the professed result sought.
17. Except as otherwise indicated, the Plaintiff incorporates the General Objections into each

and every response set forth below. By responding to any of the discovery requests, the Plaintiff does not waive any of the foregoing General Objections.

Plaintiff responds to Defendant's requests for the production of the following documents:

**Request No. 1:** Produce all documents that refer to, reflect, comment on, or tend to prove or disprove any of the contentions in the Complaint or the Answer.

**Specific Objection to Request No. 1:** Plaintiff objects to the extent this request is vague, ambiguous, and overly broad. Plaintiff further objects to the extent that this request seeks information or documents protected from discovery and/or disclosure by the attorney/client privilege, the work product doctrine, or any other applicable privilege. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 2:** Produce all documents that you believe support your claim for damages, or which reflect, comment on, or tend to prove or disprove such claims.

**Specific Objection to Request No. 2:** Plaintiff objects to the extent this request is vague, ambiguous, and overly broad. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 3:** Produce any diary, journal, or calendar of appointments, or notes that you have maintained since January 1, 1998.

**Specific Objection to Request No. 3:** Plaintiff objects to the extent that this request is overly broad and/or unduly burdensome. Plaintiff also objects to the extent that this request seeks information that is not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce any diary, journal, or calendar of appointments that Plaintiff has maintained since January 1, 1998 that relate to the claims or defenses in this case.

**Request No. 4:** Produce all documents provided to or obtained from Defendant.

**Specific Objection to Request No. 4:** Plaintiff objects to the extent that this request is overly broad and/or unduly burdensome. Plaintiff further objects to the extent that this request seeks information that is equally available to the Defendant, and the burden on the Defendant to obtain the requested information is no greater than the burden on the Plaintiff. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 5:** Produce all of your medical or psychological records since January 1, 1998.

**Specific Objection to Request No. 5:** Plaintiff objects to this Request to the extent that the information sought is confidential and/or privileged.

**Request No. 6:** Produce all documents that refer to, reflect, or comment on any criminal proceeding in which you have been either arrested or convicted during the past 10 years.

**Specific Objection to Request No. 6:** Plaintiff objects to this Request to the extent that the information sought is confidential and/or privileged. Plaintiff further objects that the information is not reasonably calculated to lead to the discovery of admissible evidence.

**Request No. 7:** Produce your federal income tax returns and any W-2s or Form 1099s for each tax year beginning in 1999.

**Specific Objection to Request No. 7:** Plaintiff objects to this request to the extent that it is not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff further objects to this Request to the extent the information sought is confidential and/or privileged. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce Plaintiff's W-2s or Form 1099s for 1999, 2000, and 2001.

**Request No. 8:** Produce any documents that you sent to or received from the EEOC, OCRC, or any other state agency with the power to investigate charges of discrimination.

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 9:** Produce any resume or other listing of your qualifications for employment you have prepared or had prepared for you since January 1, 1998.

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 10:** Produce any document by which you sought employment from any employer from January 1, 1998 to date.

**Specific Objection to Request No. 10:** Plaintiff objects to the extent this request is vague and ambiguous. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

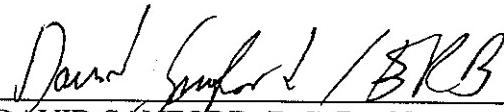
**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 11:** Produce any document by which you claim you requested employment from AK Steel Corporation.

**Specific Objection to Request No. 11:** Plaintiff objects to the extent this request is vague and ambiguous. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

Respectfully submitted this 21<sup>st</sup> day of November, 2002.



DAVID SANFORD, D.C. Bar No. 457933

ERIC BACHMAN, KY Bar. No. 88122

**GORDON, SILBERMAN, WIGGINS & CHILDS, P.C.**

7 DUPONT CIRCLE, N.W.

SUITE 200

WASHINGTON, D.C. 20036

Telephone: (202) 467-4123

Facsimile: (202) 467-4489

GRANT MORRIS, D.C. Bar No. 926253

**LAW OFFICES OF GRANT MORRIS**

7 DUPONT CIRCLE, N.W.

SUITE 250

WASHINGTON, D.C. 20036

Telephone: (202) 331-4707

PAUL H. TOBIAS, OH Bar No. 0032415

DAVID D. KAMMER, OH Bar No. 0061808

**TOBIAS, KRAUS & TORCHIA, LLP**

414 WALNUT STREET

SUITE 911

CINCINNATI, OH 45202

Telephone: (513) 241-8137

Facsimile: (513) 241-7863

*Attorneys for Plaintiffs*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of Plaintiffs' Responses to Defendant's First Set of Requests for Production of Documents was served via first-class mail, postage prepaid, upon:

Lawrence J. Barty  
Patricia Anderson Pryor  
Gregory Parker Rogers  
Roger A. Weber  
TAFT, STETTINIUS & HOLLISTER LLP  
425 Walnut Street, Suite 1800  
Cincinnati, Ohio 45202-3957

This is the 21<sup>st</sup> day of November, 2002.



*Sue L. Barty*  
\_\_\_\_\_  
*Attorney for Plaintiffs*

**APPLICATION FOR EMPLOYMENT**

Page 7 of 53

**AK Steel Corporation**

*Jeff  
Marshall 10/15  
test*

AK Steel Corporation is an Equal Employment Opportunity Employer and as such meets all government regulations pertaining to Equal Employment Opportunity.

Name Darrell D Carter Date 10-1-01  
FIRST MIDDLE LAST

Present Address 901 5<sup>th</sup> 7<sup>th</sup> Ironton OHIO 45638  
NO. STREET CITY STATE ZIP CODE

Phone Number — or number where you can be reached: (740) 533-9840  
AREA CODE NUMBER

Permanent Address: 901 5<sup>th</sup> 7<sup>th</sup> Ironton OHIO 45638  
NO. STREET CITY STATE ZIP CODE

Permanent Phone: (740) 533-9840 Social Security #         
AREA CODE NUMBER

Are you 18 years of age or older?  Yes  No

Are you lawfully entitled to work within the U.S.? yes  
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED UPON EMPLOYMENT)

Have you been convicted of a crime other than a minor traffic violation? no

If yes, explain. \_\_\_\_\_

Date available for employment: now

If the job requires, are you willing to travel? yes Relocate? no

If the job requires, are you able to work all shifts? yes

Have you previously applied at Armco or AK Steel? no If yes, when/where? \_\_\_\_\_

Have you previously worked for Armco or AK Steel? no If yes, when/where? \_\_\_\_\_

**EXHIBIT**

*D. CARTER  
2 8-15-07  
pmB*

Circle last grade completed 1 2 3 4 5 6 7 8 9 **10** 11 12

## College hours completed

TYPE OF SCHOOL	NAME AND LOCATION	GRADUATED		FIELD OF STUDY	GRADE POINT SCALE TOP MID BOT 1/3
		YES	NO		
HIGH	Ironton High GED			Science History	c+
BUSINESS OR TRADE	Century Business College		v	English Computer Programming	B
COLLEGE OR UNIVERSITY	OHIO UNIVERSITY - Ironton			Human Service Technology	c+
POST GRADUATE					

List other formal educational experience; e.g., night school, home study courses, GED, etc. got GED IN IN 1980 From Southern OHIO SKILL Center Jackson OH. Went there and got A Certificate In Building maintenance

If presently enrolled, indicate where and field of study: OHIO UNIVERSITY - Human Service technology

Describe any definite plans for further study: Like to help the company or organization I'm working with, to obtain their goal's & desire's

List significant activities, honors, awards or elective offices which have contributed to your career goals and interests:

---



---



---

MILITARY SERVICE: Are you a Veteran of the U.S. Military Service?  Yes  No

BRANCH OF SERVICE	HIGHEST RANK OR RATE

Please, indicate any military experience or training you feel might be of interest and value to AK Steel:

---



---



---

## PRESENT OR MOST RECENT POSITION

Name of employer Ironton Iron Internet Your title Iron Pourer, Dry Sand<sup>operator</sup>

Address 2520 South 3<sup>RD</sup> ST. Ironton OH Kind of business Castings

Describe your position Poured Iron Into Ladle's to pour on mold's

Period of employment from 11-92 to 2-00 Name of person for whom you worked Fred Howell Rate of earnings 13.01 hr  
(MO/YR) (MO/YR)

Give exact reason for leaving Plant closed down

## NEXT PREVIOUS POSITION

Name of employer Fairchild Buick Your title Detailer

Address 1440 Carter Ave, Asland, Ky Kind of business Automobile original

Describe your position restored car's to best possible condition

Period of employment from 2-89 to 10-92 Name of person for whom you worked Terry Fairchild Rate of earnings 6.35 hr  
(MO/YR) (MO/YR)

Give exact reason for leaving Left to go to Ironton Iron

## NEXT PREVIOUS POSITION

Name of employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_ Kind of business \_\_\_\_\_

Describe your position \_\_\_\_\_

Period of employment from \_\_\_\_\_ to \_\_\_\_\_ Name of person for whom you worked \_\_\_\_\_ Rate of earnings \_\_\_\_\_  
(MO/YR) (MO/YR)

Give exact reason for leaving \_\_\_\_\_

## NEXT PREVIOUS POSITION

Name of employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_ Kind of business \_\_\_\_\_

Describe your position \_\_\_\_\_

Period of employment from \_\_\_\_\_ to \_\_\_\_\_ Name of person for whom you worked \_\_\_\_\_ Rate of earnings \_\_\_\_\_  
(MO/YR) (MO/YR)

Give exact reason for leaving \_\_\_\_\_

How much time have you lost from work in the past two years? drawed unemployment For 1 1/2 yr's

For what particular type of work are you making application; e.g., clerical, technical, engineering, professional, sales, labor, etc.

Laborer

Expected wage or salary \$ Starting

If applying for clerical work, list special skills. Include typing (wpm), word processing, computer software, and any office machines or equipment you can operate: \_\_\_\_\_

If applying for sales, technical, professional, or administrative work, give highlights of any special training or experience which may be helpful: \_\_\_\_\_

If applying for labor or craft work, indicate any training or experience which might be useful. Include any equipment or machinery you can operate: I poured Iron From Hydraulic Furnace's Into Ladle's to be Poured on mold's. Tractor & Four ton tap's, operated Jack hammer's, winches, overhead crane's to lift Furnace Lid's equipment etc; drove tow motor's, did trough repair, cupola repair

Describe any additional qualifications, abilities, or strong points which will help you be successful in the job for which you are applying.

took sample's of Iron, helped get chemistry of Iron to des. red point. Helped cut out old Iron from cupola on shutdown, helped rebuild Cupola, trough's and upkeep of melt Department

**PERSONAL REFERENCES:**

Please provide the following information on three individuals whom we may contact as references:

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP
Fred Howell	20 OAK Ridge Rd	532-8244	Ironton Iron Supervisor
Bill Click	1302 Adams Lane	533-1786	Lawrence County Dog Warden
Clarence Koster	110 North St	532-8215	Friend co-worker Ironton Iron

I hereby certify that the foregoing information is accurate, and I authorize AK Steel to verify it. I specifically authorize AK Steel Corporation to obtain information from my former employers and other references, and I authorize my former employers and other references to release information to AK Steel Corporation.

I agree that any false or misleading statement in this application for employment or any additional forms signed by me in connection with my employment shall be sufficient cause for refusal or termination of employment.

I understand that this application is not and is not intended to be a contract of employment. I agree to submit to a physical examination applicable to the requirements of the type of work for which I am applying, including drug and alcohol abuse screening.

Signature of Applicant Maneel Al Carter

10-01-01 Maneel Carter  
Application received by/Date received



**CHARGE OF DISCRIMINATION  
DARRELL CARTER  
PAGE 1**

**I. Overview of Individual and Class Allegations**

AK Steel Corporation has discriminated and continues to discriminate against me in the terms and conditions of my application for employment with them on the basis of my race, African-American, by denying me the opportunity to be hired while hiring equally or less qualified white employees and subjecting me to a racially hostile application process and other forms of discrimination. I believe that AK Steel Corporation's actions are part of a continuing pattern and practice of discrimination against African-American applicants for employment and employees, including but not limited to, denying applicants hiring opportunities while providing such opportunities to equally or less qualified white applicants and subjecting them to a racially hostile application process.

**II. Statement of Facts**

I applied to AK Steel in April 2002 for a General Laborer position at their factory in Ashland, KY. Susan Lester, a woman in charge of recruitment, took my name, scheduled a time for me to take the AK Steel entrance exam, and had me fill out a job application which inquired into standard subjects like my education and work experience. Because of my background of eight years as an Iron Pourer in the Melting Department of Ironton Iron Intermit, I believed myself to be well qualified to do general labor for AK Steel, and anticipated that I would have no trouble passing any test of the skills necessary for this vocation. In addition, I am currently a Human Services Technology student at Ohio University preparing for a career in Case Management at a group home or juvenile delinquent center, so I am accustomed to taking tests. The AK Steel exam asked mechanical and common sense questions which I found to be relatively easy. Two to three weeks later I called Ms. Lester and was informed that I had not passed the test. She refused to discuss my performance with me and cut off all of my questions.

**III. Statement of Discrimination**

I believe that AK Steel Corporation has discriminated against me and continues to discriminate against me in the terms and conditions of my applications for employment with them on the basis of my race, African-American, in violation of the Civil Rights Act of 1964, as amended, because white applicants with fewer qualifications than me have been hired and I have not, and because I have been subjected to a racially hostile application process and other forms of discrimination and denied the right to apply for work in an environment free of racial discrimination.

I have been adversely affected by these discriminatory practices by being deprived of the equal opportunity to be hired. Such discrimination denies me and other African-Americans the right to be hired for positions for which we are qualified.

This systemic discrimination also adversely affects the status of African-Americans as employees by promoting and reinforcing racial stereotypes and bias in hiring.

**CHARGE OF DISCRIMINATION  
DARRELL CARTER  
PAGE 2**

**IV. Statement of Classwide Discrimination on the Basis of Race**

Based on my experiences, I believe that AK Steel Corporation has engaged and continues to engage in a pattern and practice of discrimination against its African-American applicants for employment and employees that denies them equal employment opportunities in ways including but not limited to the following: denying them hiring opportunities while providing such opportunities to equally or less qualified white employees and subjecting them to a racially hostile application process and work environment in which few other African-Americans are employed. This policy violates Title VII of the 1964 Civil Rights Act, 42 U.S.C. Section 2000(e), et seq.

I believe this policy has effected a class of black persons comprised of all past, present and future black applicants for employment with AK Steel. I believe that these discriminatory practices occur throughout AK Steel Corporation. I make this charge on behalf of myself and all similarly situated African-American applicants for employment and employees.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 6-8-02

Mlaneel H Carter

Charging Party (signature)

**IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION**

VIVIAN BERT, <i>et al.</i> ,	)
	)
Plaintiffs,	)
	)
v.	)
	)
AK STEEL CORPORATION,	)
	)
Defendant.	)
	)

Case No. C-1-02-467  
Judge Beckwith  
Magistrate Judge Hogan

**EXHIBIT**

D. CARTER  
4 8.15.07  
smr

**PLAINTIFFS' INITIAL DISCLOSURES**

Plaintiffs, through their counsel, submit the following disclosures pursuant to Rule 26(a)(1) of the Federal Rules of Civil Procedure:

1. **The name and, if known, the address and telephone number of each individual likely to have discoverable information relevant to disputed facts alleged with particularity in the pleading identifying the subjects of the information.**

Lay Witnesses: See Attachment A.

Additional witnesses may include any of the Defendant's hiring personnel, management, or any other employees who have otherwise witnessed the violations alleged in Plaintiffs' complaint. Discovery is continuing and ongoing and Plaintiffs reserve the right to supplement this response as additional facts become available.

Expert Witnesses: At this time, expert witnesses are not identified. Plaintiffs' counsel will provide information pursuant to the Case Management Order in this case.

2. A copy of, or a description by category and location of, all documents, data compilations, and tangible things in the possession, custody, or control of the party that are relevant to disputed facts alleged with particularity in the pleadings.

See Attachment B.

Additional supporting documentation may include documentation in the possession of Defendants. Such documents may include any personnel files, postings, bids, manuals, notices, agreements, or other writings documenting the Plaintiffs' and putative class members' employment, applications for employment, and/or opportunities for advancement or lack thereof and Defendants' policies on discrimination and harassment.

Plaintiffs objects to the production of any documents which are protected by the attorney-client privilege or the work-product doctrine. Discovery is continuing and ongoing and Plaintiffs reserve the right to supplement this response as additional facts become available.

3. A computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary material, not privileged or protected from disclosure, on which such computation is based, including materials bearing on the nature and extent of injuries suffered.

The actual nominal and punitive damage amounts are currently unknown and will be determined at a later date. This response will be supplemented as further information becomes available. In determining the amount of Plaintiffs' damages, Plaintiffs may need to rely upon information in the possession of the Defendant to be obtained during discovery, as well as the opinion of an expert or experts.

4. For inspection and copying as under Rule 34 any insurance agreement under

which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment.

Not applicable to Plaintiffs.

Respectfully submitted this 3<sup>rd</sup> day of February, 2003.



---

DAVID SANFORD, D.C. Bar No. 457933  
ERIC BACHMAN, KY Bar. No. 88122  
**GORDON, SILBERMAN, WIGGINS & CHILDS, P.C.**  
7 DUPONT CIRCLE, N.W.  
SUITE 200  
WASHINGTON, D.C. 20036  
202-467-4123 / 202-467-4489 (facsimile)

GRANT MORRIS, Washington D.C. Bar No. 926253  
**LAW OFFICES OF GRANT MORRIS**  
7 DUPONT CIRCLE, N.W.  
SUITE 250  
WASHINGTON, D.C. 20036  
202-331-4707

PAUL H. TOBIAS, OH Bar No. 0032415  
DAVID D. KAMMER, OH Bar No. 0061808  
**TOBIAS, KRAUS & TORCHIA, LLP**  
414 WALNUT STREET  
SUITE 911  
CINCINNATI, OH 45202  
Telephone: (513) 241-8137  
Facsimile: (513) 241-7863

*Attorneys for Plaintiffs*

**which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment.**

Not applicable to Plaintiffs.

Respectfully submitted this 3<sup>rd</sup> day of February, 2003.

---

DAVID SANFORD, D.C. Bar No. 457933  
ERIC BACHMAN, KY Bar. No. 88122  
**GORDON, SILBERMAN, WIGGINS & CHILDS, P.C.**  
7 DUPONT CIRCLE, N.W.  
SUITE 200  
WASHINGTON, D.C. 20036  
202-467-4123 / 202-467-4489 (facsimile)

GRANT MORRIS, Washington D.C. Bar No. 926253  
**LAW OFFICES OF GRANT MORRIS**  
7 DUPONT CIRCLE, N.W.  
SUITE 250  
WASHINGTON, D.C. 20036  
202-331-4707

PAUL H. TOBIAS, OH Bar No. 0032415  
DAVID D. KAMMER, OH Bar No. 0061808  
**TOBIAS, KRAUS & TORCHIA, LLP**  
414 WALNUT STREET  
SUITE 911  
CINCINNATI, OH 45202  
Telephone: (513) 241-8137  
Facsimile: (513) 241-7863

*Attorneys for Plaintiffs*

**ATTACHMENT A****Lay Witness Testimony:**<sup>1</sup>

## 1. Vivian Bert

- a) Donna Phillips  
Oklahoma Department of Transportation  
200 N. E. 21st Street  
Oklahoma City, OK 73105

Phillips may have knowledge of Bert's character, qualifications, level of experience, and job performance.

- b) Clyde W. Thomas  
Oklahoma Department of Transportation  
200 N. E. 21st Street  
Oklahoma City, OK 73105

Thomas may have knowledge of Bert's character, qualifications, level of experience, and job performance.

## 2. Thaddeus Freeman

None at this time.

## 3. Darrell Carter

- a) Mark Collins  
223 9th Street  
Ashland, KY 4110

Collins may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- b) Susan Lester  
AK Steel, HR Manager  
P.O. Box 191  
Ashland, KY 41105

---

<sup>1</sup> Witnesses are listed according to the Plaintiff to whose claims they are believed to be most directly relevant. Plaintiffs reserve the right to take the position that such testimony is relevant to the claims of other Plaintiffs and/or the claims of the putative class.

Lester, an employee of the Defendant, may have information regarding Carter's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

- c) Darlene Denise Carter  
908 South 8<sup>th</sup> St.  
Ironton, OH 45638

D. Carter may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- d) Marnie Carter  
908 South 8<sup>th</sup> St.  
Ironton, OH 45638

M. Carter may have information regarding race discrimination in hiring at AK Steel. She also may have knowledge of Carter's character, qualifications, and level of experience.

4. Edward James Lewis

- a) Allen Roberts  
P.O. Box 552  
Middletown, OH 45044

Roberts may have information regarding race discrimination in hiring, promotions, training, and terms and conditions of employment at AK Steel. He also has knowledge of Lewis's character, qualifications, level of experience, and job performance.

5. Timothy Oliphant

None at this time.

6. Mary Harris

None at this time.

7. Roderique Russell

None at this time.

8. Kay Jackson

- a) Brooks Carmichael Jackson  
1223 Winifred St.  
Greenup, KY 41144

B. Jackson may have information regarding race discrimination in hiring, promotions, training, and terms and conditions of employment at AK Steel. He also has knowledge of Jackson's character, qualifications, level of experience, and job performance.

- b) Roger Grundman, Jr.  
Tenneco Packaging  
18 Peck Avenue  
P.O. Box 148  
Glens Falls, New York 12801-0148

Grundman may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- c) Mimi Louiso  
Tenneco Packaging  
9960 Raquet Club Lane  
Glen Allen, VA 23060

Luiso may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- d) Gary Hamm  
Tenneco Packaging/AVI  
300 Harris Road  
Wurtland, KY 41144

Hamm may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- e) Jackie Smith  
Tenneco Packaging/AVI  
300 Harris Road  
Wurtland, KY 41144

Smith may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- f) Garry R. Lewis  
Tenneco Packaging/AVI

300 Harris Road  
Wurtland, KY 41144

Lewis may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

9. Marnie Carter

- a) Darrell Carter  
901 South 7th St.  
Ironton, OH 45638

Carter may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- b) Darlene Denise Carter  
908 South 8<sup>th</sup> St.  
Ironton, OH 45638

D. Carter may have information regarding race discrimination in hiring at AK Steel. She also may have knowledge of Carter's character, qualifications, and level of experience.

- c) Susan Lester  
AK Steel, HR Manager  
P.O. Box 191  
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Carter's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

10. Darlene Denise Carter

- a) Darrell Carter  
901 South 7th St.  
Ironton, OH 45638

Carter may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- b) Marnie Carter  
908 South 8<sup>th</sup> St.

Ironton, OH 45638

M. Carter may have information regarding race discrimination in hiring at AK Steel. She also may have knowledge of Carter's character, qualifications, and level of experience.

- c) Susan Lester  
AK Steel, HR Manager  
P.O. Box 191  
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Carter's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

11. Dwight Lewis

- a) Susan Lester  
AK Steel, HR Manager  
P.O. Box 191  
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Lewis's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

12. Michael Miller

- a) Jessica Hicks

Hicks, an employee of the Defendant, may have information regarding Miller's application for employment with the AK Steel. Hicks may also have information regarding race discrimination in hiring at AK Steel.

- b) Ella Moreland  
Heidelberg Web Systems  
4900 Webster Street  
Dayton, Ohio 45414

Moreland may have knowledge of Miller's character, qualifications, level of experience, and job performance.

13. Ronald Sloan

## a) Jessica Hicks

Hicks, an employee of the Defendant, may have information regarding Sloan's application for employment with the AK Steel. Hicks may also have information regarding race discrimination in hiring at AK Steel.

## 14. Donald Edwards

None at this time.

## 15. Shawn Pryor

None at this time.

## 16. Tiffany Jackson

a) Rodney Cosby  
1202 Winifred St.  
Greenup, KY 41144

Cosby may have information regarding race discrimination in hiring, promotions, training, and terms and conditions of employment at AK Steel. He also has knowledge of Jackson's character, qualifications, level of experience, and job performance.

b) Susan Lester  
AK Steel, HR Manager  
P.O. Box 191  
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Jackson's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

c) Pat Amitrano  
Department of Public Works  
11 Wurtz Avenue  
Utica, NY 13502

Amitrano may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

d) James Mack  
User Friendly Software Systems

239 Genesee Street  
Utica, NY 13502

Mack may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

e) Brian Boyle  
Liebert Corporation  
3040 South 9th Street  
Ironton, OH 45638

Boyle may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

17. Allen Roberts

None at this time.

ATTACHMENT B

## 1. Vivian Bert

Tax returns from 1999, 2000, and 2001  
Resume  
EEOC Charge  
Job application  
Notebook

## 2. Thaddeus Freeman

Tax returns from 1999, 2000 and 2001  
EEOC Charge  
Correspondence related to EEOC charge  
Resume

## 3. Darrell Carter

None at this time.

## 4. Edward James Lewis

None at this time.

## 5. Timothy Oliphant

None at this time.

## 6. Mary Harris

Tax returns from 1999, 2000 and 2001  
EEOC Charge  
Resume

## 7. Roderique Russell

None at this time.

## 8. Kay Jackson

W2 Wage and Tax Statements 1999, 2000, 2001  
EEOC Documents

Resume  
Letters of Recommendation  
Copies of prescriptions  
Notice of Dismissal  
Copy of high school diploma  
Copy of application to Shawnee Medical Center

9. Marnie Carter

None at this time.

10. Darlene Denise Carter

None at this time.

11. Dwight Lewis

Calender  
Tax Returns 1999, 2000, 2001  
Resume  
EEOC Charge and related Documents

12. Michael Miller

Tax Returns 2000, 2001  
Resume  
Transcript, Sinclair Community College, Associate of Applied Science  
Letter of Recommendation  
EEOC Charge and related Documents  
Work Force Reduction Notification, Heidelberg Web Systems

13. Ronald Sloan

Tax Returns: 1999, 2000, 2001  
EEOC charge  
Resumes  
Certificate of Discharge from Active Military Duty, Honorable  
Certificate regarding Naval Training and Experience  
cover letter  
electronics certificate

14. Donald Edwards

None at this time.

15. Shawn Pryor

W2 Wage and Tax Statements: 1999, 2000, 2001  
High School Diploma  
Dipoloma, Miami University of Ohio, BA

16. Tiffany Jackson

Tax Returns: 1999, 2000 and 2001  
EEOC Charge and Related Documents  
Resume  
Calendar notes  
Letters of reference  
Paralegal certificate  
Forklift certificate

17. Allen Roberts

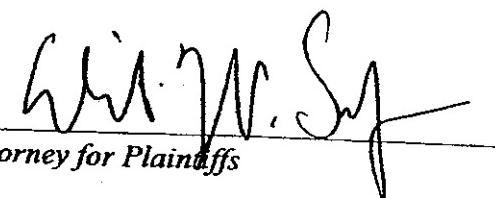
None at this time.\*

\*At present, Plaintiffs continue to review documents in the possession of Roberts and will supplement these initial disclosures as soon as practicable.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of Plaintiffs' Initial Disclosures was served this 3rd day of February, 2003, via facsimile and first-class mail, postage prepaid, upon:

ROGER A. WEBER  
**TAFT, STETTINIUS & HOLLISTER LLP**  
1800 FIRSTAR TOWER  
425 WALNUT STREET  
CINCINNATI, OH 452023959  
Telephone: (513) 381-2838  
Facsimile: (513) 381-0205

  
\_\_\_\_\_  
*Attorney for Plaintiffs*

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION**

VIVIAN BERT, et al.

**Plaintiffs,**

v.

## **AK STEEL CORPORATION.**

**Defendant.**

卷之三

## **EXHIBIT**

D. CARTER  
5 8.15.07  
pmbs

CASE NO. C-1-02-467

Judge Beckwith

**Magistrate Judge Hogan**

PLAINTIFF DARRELL CARTER'S RESPONSES TO  
DEFENDANT A. K. STEEL CORPORATION'S FIRST SET OF INTERROGATORIES

Comes now the Plaintiff, Darrell Carter, by and through his undersigned counsel of record and responds to the Defendant's First Set of Interrogatories as follows:

## **GENERAL OBJECTIONS**

1. The Plaintiff objects to the definitions and instructions accompanying these interrogatories to the extent that they seek to impose burdens, duties and obligations upon the Plaintiff in excess of or different from those imposed by applicable law and the Federal Rules of Civil Procedure; Plaintiff will respond in accordance with said law and rules.

2. The Plaintiff objects to these requests to the extent they seek information and/or documentation regarding matters about which the Defendant has knowledge but has failed to disclose, or so limited their responses to previous discovery of the Plaintiff, so as to in effect deny the Plaintiff the information requested and needed by them to answer these requests

3. The Plaintiff objects to these requests to the extent they seek to discover "core" work product, including the disclosure of the mental impressions, conclusions, opinions, and/or legal theories of

attorneys or other representatives of the Plaintiff, rather than seeking this information from the Plaintiff.

4. The Plaintiff objects to these requests to the extent they seek information and/or documentation protected by the attorney-client privilege or any other applicable privilege.

5. The Plaintiff objects to these requests to the extent that the Defendant is seeking to make them into a bill of particulars.

6. The Plaintiff objects to these requests to the extent they seek to require Plaintiff's counsel to present a "dress rehearsal" of the evidence to be submitted in the course of the proceedings. The mental impressions, legal theories, legal conclusions, and legal opinions of Plaintiff's counsel, as well as any communications between Plaintiff and her counsel, are clearly protected from discovery by the attorney-client privilege and the work product doctrine.

7. The Plaintiff objects to these requests to the extent that the information and/or documentation sought, if any, was obtained and prepared in anticipation of litigation and the Defendants have not made the required showing of substantial need for the information and/or documentation or that the substantial equivalent of such information and/or documentation is unobtainable by other means. The Plaintiff further objects to these requests to the extent that the information and/or documentation called for, if any, is protected and is not discoverable under Rule 26(b)(3) of the Fed. R. Civ. P. and Hickman v. Taylor, 329 U.S. 495 (1947).

8. The Plaintiff objects to these requests to the extent that they seek information and/or documentation that is equally available to the Defendant and the burden on the Defendant to obtain the requested information and/or documentation is no greater than the burden on the Plaintiff.

9. The Plaintiff objects to these requests to the extent they exceed the requirements of Rules

26, 30, 34 or 45 of the Fed. R. Civ. P.

10. The Plaintiff objects to these requests to the extent they seek information and/or documentation relating to expert witnesses, witnesses, and trial exhibits in excess of the disclosure duties imposed by the Fed. R. Civ. P. and the Court's Scheduling and Pretrial Orders relating to such matters.

11. The Plaintiff objects to these requests to the extent they require the Plaintiff to disclose "each and every" fact or piece of knowledge possessed by them as such a requirement is impossible to fulfill and is objectionably broad for failure to be "reasonably particularized".

12. The Plaintiff objects to these requests to the extent they request duplicative and cumulative information and/or documentation heretofore disclosed in conjunction with discovery already undertaken by the Defendant in this action.

13. The Plaintiff objects to these requests to the extent that they seek to require the Plaintiff's attorneys to divulge the substance of information and/or documentation developed by them (i.e., interpretive, not investigatory) in preparation for any hearing or trial in this action.

14. The Plaintiff objects to these requests to the extent that they do not, on their face, restrict themselves either to an identifiable time or a reasonable, rationally-based time frame.

15. The Plaintiff objects to these requests to the extent that they seek information and/or documentation from the Plaintiff regarding matters about which the Defendant has refused or objected to providing in their interrogatory or request for production responses.

16. The Plaintiff objects to these requests to the extent that they are oppressive, i.e., they were designed to create an unreasonable burden on the Plaintiff which burden is not commensurate with the professed result sought.

17. The Plaintiff objects to these interrogatories to the extent they seek answers to multiple interrogatories within a single interrogatory.

18. These requests are addressed to the Plaintiff and the responses herein are based on information and/or documentation presently available to the Plaintiff. Investigation is presently continuing, however, and additional information and/or documentation pertinent to these requests may well be disclosed as a result of such ongoing and continuing investigation.

Except as otherwise indicated, the Plaintiff incorporates the General Objections into each and every answer set forth below. Without waiving the foregoing objections, the Plaintiff answers as follows:

**INTERROGATORY NO. 1:** Identify all litigation or legal proceedings in which you have been a witness or party, including the name and number of the case, the court or administrative agency for which the case was pending, and a brief description of the nature of the case, and the year in which the matter was pending.

**SPECIFIC OBJECTION TO REQUEST:** Plaintiff objects because this request does not seek relevant information or that information subject to production under Fed. R. Civ. P. 26, and thus, this request is unduly harassing, burdensome, and oppressive. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**ANSWER:** Bert, et al. v. AK Steel  
Case No.: 1:02-CV-00467  
United States District Court  
Southern District of Ohio (Cincinnati)  
Nature of case: Race discrimination in hiring

**INTERROGATORY NO. 2:** Identify all employers for whom you have worked since January 1, 2001, including the dates of employment, the positions held, amounts paid per week, and reason for

leaving, if applicable.

**SPECIFIC OBJECTION TO REQUEST:** Plaintiff objects because this request does not seek relevant information or that information subject to production under Fed. R. Civ. P. 26, and thus, this request is unduly harassing, burdensome, and oppressive. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**ANSWER:** Intergrated Housekeeping from 9-16-02 to 7-28-03 as Janitor, Maintenance - \$280.00 per week - left because of seniority issues; Lawrence County Area CAO, Ironton, Ohio - 9-21-03 to 5-7-04 as Public Service Employee - \$400.00 per week - was a part time program that expired; Infocision Management Corporation, 3350 Woodville Drive, Huntington, West Virginia from 5-9-05 to 5-20-05 - \$280.00 per week; call center, left because not suited to the job; Laborer's Local 1445 Catlettsburg, Kentucky from 1/2/06 thru 3/5/06 - \$680.00 per week; left because of problems related to alcohol.

**INTERROGATORY NO. 3:** Identify all employers to whom you applied for employment since January 1, 2001, including the date you submitted written applications, the job to which you applied, the dates you were interviewed, the employers who tendered you job offers, and a description of the offer.

**SPECIFIC OBJECTION TO REQUEST:** Plaintiff objects because this request does not seek relevant information or that information subject to production under Fed. R. Civ. P. 26, and thus, this request is unduly harassing, burdensome, and oppressive. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**ANSWER:** I have applied to A. K. Steel Corporation in April of 2002 and they informed me

I failed the test, but never could get the test results. Please see the responses to Interrogatory No. 2.

**INTERROGATORY NO. 4:** Identify all income received from whatever source, by amount each week after January 1, 2001.

**ANSWER:** Please see the attached W-2 forms and income tax records.

**INTERROGATORY NO. 5:** Identify by name, address and telephone number all individuals who have knowledge about or information about the allegations in the Complaint, and state a summary of what you believe their knowledge to be.

**ANSWER:** Kaye Jackson, Ronald Sloan, Marnie Carter, Roderique Russell, Darlene Carter, Dwight Lewis and Vivian Bert and Fred Howell, a previous supervisor at Ironton Iron Internet in Ironton, Ohio for the years I worked there.

**INTERROGATORY NO. 6:** Identify all individuals who you intend to call as witnesses in the litigation of this matter.

**SPECIFIC OBJECTION TO REQUEST:** Plaintiff objects because this Interrogatory violates the Court's Order establishing a deadline for Plaintiff to disclose witnesses and testimony. Plaintiff further objects to the extent this interrogatory seeks information protected by the attorney-client privilege or other privilege and/or the work product doctrine. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**ANSWER:** Plaintiff will abide by the deadlines established by the Court and the disclosure requirements set by the Federal Rules of Civil Procedure to disclose the witnesses they will use at trial in this case.

Respectfully Submitted,



Robert V. Childs, Jr.

Herman N. Johnson, Jr.

**WIGGINS, CHILDS, QUINN & PANTAZIS**

The Kress Building

301 19<sup>th</sup> Street North

Birmingham, Alabama 35203

(205) 328-0640

(205) 254-1500 (facsimile)

Tobias, Kraus & Torchia, LLP  
414 Walnut Street  
Suite 911  
Cincinnati, Ohio 45202  
(513) 241-8137  
(513) 241-7863 (facsimile)

ATTORNEYS FOR THE PLAINTIFFS

**CERTIFICATE OF SERVICE**

I do hereby certify that on May 4, 2007, I served the foregoing via U.S. Mail and electronic mail upon the following:

Gregory Parker Rogers  
Lawrence James Barty  
Patricia Anderson Pryor  
Taft, Stettinius & Hollister, LLP  
1800 First Star Tower  
425 Walnut Street  
Cincinnati, OH 45202  
Fax: (513) 381-0205



PLAINTIFFS' COUNSEL

**VERIFICATION**

I, Darrell Carter, hereby state that the answers to the foregoing interrogatories are true and complete to the best of my knowledge.

Darrell Carter  
Darrell Carter

This the 2ND day of April, 2007.

## IRONTON-LAWRENCE COUNTY AREA CAO INC

## Earnings History

From 1/1/2003 Through 5/7/2004

Employee Name	Social Security Number	Pay Date	PTD Hours	PTD Amount	Earning Code
DARRELL D. CARTER		10/10/2003	54.00	540.00	WAGES
DARRELL D. CARTER		10/24/2003	72.00	720.00	WAGES
DARRELL D. CARTER		11/7/2003	76.00	760.00	WAGES
DARRELL D. CARTER		11/21/2003	73.50	735.00	WAGES
DARRELL D. CARTER		12/5/2003	59.00	590.00	WAGES
DARRELL D. CARTER		12/19/2003	70.50	705.00	WAGES
DARRELL D. CARTER		1/2/2004	62.00	620.00	WAGES
DARRELL D. CARTER		1/16/2004	61.00	610.00	WAGES
DARRELL D. CARTER		1/30/2004	61.50	615.00	WAGES
DARRELL D. CARTER		2/13/2004	48.50	485.00	WAGES
DARRELL D. CARTER		2/27/2004	72.00	720.00	WAGES
DARRELL D. CARTER		3/12/2004	48.00	480.00	WAGES
DARRELL D. CARTER		3/26/2004	76.00	760.00	WAGES
DARRELL D. CARTER		4/9/2004	64.00	640.00	WAGES
DARRELL D. CARTER		4/23/2004	60.00	600.00	WAGES
DARRELL D. CARTER		5/7/2004	71.00	710.00	WAGES
Report Total		1,029.00	10,290.00		

**CONFIDENTIAL**

Participant's Name: Darrell D Carter Date: 9-18-06  
 Address: 901 S. 7th City: TROUTON State: CO Zip: 85638  
 Phone: \_\_\_\_\_ Cell: 550-2107 E-mail: D Carter - 45@yahoo.com

**CONFIDENTIAL****Job Search Log**

Date: 9-18-06  
 State: CO Zip: 85638  
 E-mail: D Carter - 45@yahoo.com

Date	Company Name	Application	Resume	Position	Follow-Up
9-18-06	Chick - Fil - A	yes		Cook	yes
9-18-06	Entrepreneur Inc.	yes		Laborer	yes
9-18-06	Community Staffey	yes		Laborer	yes
9-18-06	PumpKE	yes		Laborer	yes
9-18-06	Nanny In A Pinch	yes		Laborer	yes
9-18-06	Special Metal	yes		Laborer	yes
9-18-06	Emerson Inc. Libert	yes	yes	Laborer	
10-19-06	Scioto Plastic	yes	yes	Laborer	stacie STAKER
10-31-06	Reinhardt	yes	yes	Dispatcher	
11-27-06	ONYX	yes	yes	Janitor	yes
12-10-06	Kentucky Fried Chicken	yes	no	Cook	yes
1-10-07	CITY OF TROUTON	yes	no	Laborer	yes
1-18-07	Lieberert Corporation	yes	yes	Assembler	yes

OMB No. 1545-0008		1 Wages, tips, other compensation <b>33,506.31</b>	2 Federal income tax withheld <b>3,824.52</b>
b Employer identification number <b>31-1717407</b>		3 Social security wages <b>33,506.31</b>	4 Social security tax withheld <b>2,077.39</b>
d Employee's social security number		5 Medicare wages and tips <b>33,506.31</b>	6 Medicare tax withheld <b>485.84</b>
c Employer's name, address and Zip code <b>TRONTON LISON, INC. 3445 CORPORATE DR. SUITE 200 TROY, MI 48098</b>			
7 Social security tips		8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits		11 Nonqualified plans	12 Benefits included in box 1
		14 Other	
e Employee's name (first, middle, initial, last) <b>DARRELL C CARTER 901 S 7TH ST APT C IBRONTON OH 45638</b>			
16 State <b>1999</b>		Employer's state I.D. no. <b>51-834692-9</b>	17 State wages, tips, etc. <b>33,506.31</b>
E W-2 Wage and Tax Statement		18 State income tax <b>1,165.18</b>	19 Locality name <b>TRONTON CITY 3-2-01-002724</b>
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		20 Local wages, tips, etc. <b>34,311.31</b>	21 Local income tax <b>343.17</b>

Department of the Treasury-Internal Revenue Service

CONFIDENTIAL

STATE OF OHIO OHIO DEPARTMENT OF JOB & FAMILY SERVICES 145 SOUTH FRONT STREET PO BOX 1618 COLUMBUS, OH 43216-1618 1-614-466-9334		1. Unemployment Compensation  <b>\$4,671.00</b>	OMB No. 1120	<b>2004</b>	Certain Government Payments
PAYER'S Federal Identification number  <b>31-1334373</b>	RECIPIENT'S Identification number	2. Tax Year  <b>2004</b>	3. Federal income tax withheld  <b>\$0.00</b>	<b>COPY B</b> FOR RECIPIENT: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, address and zip code  <b>DARRELL D. CARTER 901 SOUTH SEVENTH ST IRONTON, OH 45638-1972</b>					
<p><b>Notice to Recipient:</b> The Tax Reform Act of 1986 provides that all unemployment benefits will become taxable income with respect to benefits received after December 31, 1986, and must be reported. Payers must furnish Copy B of the 1099-G form to the person receiving the payments by January 31 of the year following the calendar year of the payments. <b>Payer will furnish Copy A of this form to the IRS.</b> Box 1 of this form shows the total amount of unemployment compensation you received. Report this amount as income on the unemployment compensation line of your income tax return. Box 2 reflects the calendar year in which the payments in Box 1 were paid. Box 3 reflects the total amount of federal income tax withheld per payee's request and has been sent to the IRS. Include this amount on your income tax return as tax withheld. <b>You may receive more than one 1099-G from the State of Ohio for benefits received during 2004.</b> Should you receive more than one 1099-G, you must combine the data of both forms. All 1099-Gs will be mailed no later than January 31, 2005.</p>					

**CONFIDENTIAL**

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.

b Employer's identification number <b>55-0737752</b>	c Employer's name, address, and ZIP code <b>COMMERCIAL HELP, LTD. 528 5TH AVENUE HUNTINGTON WV 25701</b>	C 12a See Instructions for Box 12		1 Wages, tips, other compensation <b>241.50</b>	2 Federal income tax withheld <b>241.50</b>
13 Statutory employee <input type="checkbox"/>	Retirement Plan <input type="checkbox"/>	Third Party Sick Pay <input type="checkbox"/>	c 12b	3 Social security wages <b>241.50</b>	4 Social security tax withheld <b>14.97</b>
e Employee's name, address, and ZIP code  1063 27600 3443744  DARRELL D CARTER 901 SOUTH 7TH  IRONTON OH 45638			c 12c	5 Medicare wages and tips <b>241.50</b>	6 Medicare tax withheld <b>3.50</b>
			c 12d	7 Social security tips	8 Allocated tips
			Wage and Tax Statement FORM <b>W-2 2005</b>		9 Advance EIC payment
			d Employee's social security number		10 Dependent care benefits
15 State <b>OH</b>	Employer's state I.D. number <b>523152171</b>	16 State wages, tips, etc. <b>241.50</b>	17 State income tax <b>.74</b>	18 Local wages, tips, etc. <b>241.50</b>	19 Local income tax <b>2.42</b>

Form W-2 Wage and Tax Statement 2005

Department of the Treasury - Internal Revenue Service

OMB # 1545-0008

Copy 2 To Be Filed With Employee's State, City or Local Tax Department

b Employer's identification number <b>55-0737752</b>	c Employer's name, address, and ZIP code <b>COMMERCIAL HELP, LTD. 528 5TH AVENUE HUNTINGTON WV 25701</b>	C 12a See Instructions for Box 12		1 Wages, tips, other compensation	2 Federal income tax withheld
13 Statutory employee <input type="checkbox"/>	Retirement Plan <input type="checkbox"/>	Third Party Sick Pay <input type="checkbox"/>	c 12b	3 Social security wages	4 Social security tax withheld
e Employee's name, address, and ZIP code  1063 27600 3443744  DARRELL D CARTER 901 SOUTH 7TH  IRONTON OH 45638			c 12c	5 Medicare wages and tips	6 Medicare tax withheld
			c 12d	7 Social security tips	8 Allocated tips
			Wage and Tax Statement FORM <b>W-2 2005</b>		9 Advance EIC payment
			d Employee's social security number		10 Dependent care benefits
15 State <b>WV</b>	Employer's state I.D. number <b>550737752001</b>	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. <b>75.00</b>	19 Local income tax <b>2.00</b>

Form W-2 Wage and Tax Statement 2005

Department of the Treasury - Internal Revenue Service

OMB # 1545-0008

Copy C for Employee's Records

F01 00003716 00001858 02/02

**CONFIDENTIAL**

b Employer's identification number <b>55-0737752</b>	c Employer's name, address, and ZIP code <b>COMMERCIAL HELP, LTD. 528 5TH AVENUE HUNTINGTON WV 25701</b>	C 12a See Instructions for Box 12		1 Wages, tips, other compensation <b>536.25</b>	2 Federal income tax withheld
13 Statutory employee <input type="checkbox"/>	Retirement Plan <input type="checkbox"/>	Third Party Sick Pay <input type="checkbox"/>	c 12b	3 Social security wages <b>536.25</b>	4 Social security tax withheld <b>33.25</b>
e Employee's name, address, and ZIP code  1063 2023097  DARRELL D CARTER 901 SOUTH 7TH  IRONTON OH 45638			c 12c	5 Medicare wages and tips <b>536.25</b>	6 Medicare tax withheld <b>7.78</b>
			c 12d	7 Social security tips	8 Allocated tips
			Wage and Tax Statement FORM <b>W-2 2004</b>		9 Advance EIC payment
			d Employee's social security number		10 Dependent care benefits
15 State <b>OH</b>	Employer's state I.D. number <b>523152171</b>	16 State wages, tips, etc. <b>536.25</b>	17 State income tax <b>3.54</b>	18 Local wages, tips, etc. <b>536.25</b>	19 Local income tax <b>5.37</b>

Form W-2 Wage and Tax Statement 2004

Department of the Treasury - Internal Revenue Service

OMB # 1545-0008

Copy 2 To Be Filed With Employee's State, City or Local Tax Department

**CONFIDENTIAL**

b Employer's identification number <b>55-0737752</b>	c Employer's name, address, and ZIP code <b>COMMERCIAL HELP, LTD. 528 5TH AVENUE HUNTINGTON WV 25701</b>	C 12a See Instructions for Box 12		1 Wages, tips, other compensation <b>536.25</b>	2 Federal income tax withheld
13 Statutory employee <input type="checkbox"/>	Retirement Plan <input type="checkbox"/>	Third Party Sick Pay <input type="checkbox"/>	c 12b	3 Social security wages <b>536.25</b>	4 Social security tax withheld <b>33.25</b>
e Employee's name, address, and ZIP code  1063 2023097  DARRELL D CARTER 901 SOUTH 7TH  IRONTON OH 45638			c 12c	5 Medicare wages and tips <b>536.25</b>	6 Medicare tax withheld <b>7.78</b>
			c 12d	7 Social security tips	8 Allocated tips
			Wage and Tax Statement FORM <b>W-2 2004</b>		9 Advance EIC payment
			d Employee's social security number		10 Dependent care benefits
15 State <b>OH</b>	Employer's state I.D. number <b>523152171</b>	16 State wages, tips, etc. <b>536.25</b>	17 State income tax <b>3.54</b>	18 Local wages, tips, etc. <b>536.25</b>	19 Local income tax <b>5.37</b>

Form W-2 Wage and Tax Statement 2004

Department of the Treasury - Internal Revenue Service

OMB # 1545-0008

Copy C for Employee's Records

**Instructions (Also see Notice to Employee on back of Copy B.)**

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the Federal income tax withheld line of your tax return.

**Box 8.** This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

**Box 9.** Enter this amount on the advance earned income credit payments line of your Form 1040 or 1040A.

**Box 10.** This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 cafeteria plan). Any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it's a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it's a pre-9 year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to compute your tax return. Elective deferrals (codes D, E, F, G, H, I, and S) under all plans are generally limited to \$13,000 (\$16,000 for section 403(b) plans, if you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in 2004, your employer may have allowed an additional deferral of up to \$3,000 (\$3,500 for section 401(k)(11) and 403(n) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 13

years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See "Wages, Salaries, Tips, etc. line instructions for Form 1040."

**Note:** If a year follows code D, E, F, G, H, or S, you made a makeup pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips (include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

B—Uncollected Medicare tax on tips (include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

C—Cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k) salary reduction SSP

G—Elective deferrals and employer contributions (including nondefective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(11)(D) tax-exempt organization plan (see "Adjusted Gross Income" in the Form 1040 instructions for how to elect)

I—Noncancelable sick pay (not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments (see "Total Tax" in the Form 1040 instructions.)

L—Substantiated employee business expense reimbursements (nontaxable).  
M—Uncollected social security or RRTA tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)

N—Uncollected Medicare tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)

P—Excludable moving expenses reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

R—Employer contributions to your Archer (MSA) (see Form 8853, Archer MSAs and Long-Term Care Insurance Contracts)

S—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 11). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5)

W—Employer contributions to your Health Savings Account (see new Form 8889, Health Savings Accounts)

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Review the information shown on your annual (for workers over 25) Social Security Statement.

**CONFIDENTIAL**

a Control number 60110	b Employer identification number (EIN) 22-3270937	c Employee's name, address, and ZIP code SHARED SYSTEMS TECHNOLOGY PO BOX 408 SEWELL, NJ 08080-	d Employee's social security number  DARRELL L CARTER	e Employee's name, address, and ZIP code 901 SOUTH 7TH STREET IRONTON, OH 45638																						
OMB No. 1555-0008																										
<table border="1"> <tr> <td>1 Wages, tips, other compensation 3234.14</td> <td>2 Federal income tax withheld 189.09</td> </tr> <tr> <td>3 Social security wages 3234.14</td> <td>4 Social security tax withheld 200.52</td> </tr> <tr> <td>5 Medicare wages and tips 3234.14</td> <td>6 Medicare tax withheld 46.89</td> </tr> <tr> <td>7 Social security tips</td> <td>8 Allocated tips</td> </tr> <tr> <td>9 Advance EIC payment</td> <td>10 Dependent care benefits</td> </tr> <tr> <td>11 Nonqualified plans</td> <td>12a See instructions for box 12  12b</td> </tr> <tr> <td>13 Salaried employee <input type="checkbox"/></td> <td>Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/></td> </tr> <tr> <td>14 Other</td> <td>12c  12d</td> </tr> <tr> <td>15 State OH</td> <td>16 State wages, tips, etc. 3234.14</td> <td>17 State income tax 117.81</td> <td>18 Local wages, tips, etc. 3234.14</td> <td>19 Local income tax 3234.14</td> <td>20 Locality name KY NO OH NO</td> </tr> </table>					1 Wages, tips, other compensation 3234.14	2 Federal income tax withheld 189.09	3 Social security wages 3234.14	4 Social security tax withheld 200.52	5 Medicare wages and tips 3234.14	6 Medicare tax withheld 46.89	7 Social security tips	8 Allocated tips	9 Advance EIC payment	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12  12b	13 Salaried employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12c  12d	15 State OH	16 State wages, tips, etc. 3234.14	17 State income tax 117.81	18 Local wages, tips, etc. 3234.14	19 Local income tax 3234.14	20 Locality name KY NO OH NO
1 Wages, tips, other compensation 3234.14	2 Federal income tax withheld 189.09																									
3 Social security wages 3234.14	4 Social security tax withheld 200.52																									
5 Medicare wages and tips 3234.14	6 Medicare tax withheld 46.89																									
7 Social security tips	8 Allocated tips																									
9 Advance EIC payment	10 Dependent care benefits																									
11 Nonqualified plans	12a See instructions for box 12  12b																									
13 Salaried employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>																									
14 Other	12c  12d																									
15 State OH	16 State wages, tips, etc. 3234.14	17 State income tax 117.81	18 Local wages, tips, etc. 3234.14	19 Local income tax 3234.14	20 Locality name KY NO OH NO																					

**W-2 Wage and Tax Statement**  
**Form**  
**Copy D - For Employer or**  
**Copy 1 - For State, City, or Local Tax Department**

**2006**

Department of the Treasury—Internal Revenue Service  
**For Privacy Act and Paperwork Reduction**  
**Act Notice, see back of Copy D.**

**CONFIDENTIAL**

a Control number 60110	22222	Void <input type="checkbox"/>	OMB No. 1545-0008		
b Employer identification number (EIN) 22-3270937		1 Wages, tips, other compensation 3234.14	2 Federal income tax withheld 189.09		
c Employer's name, address, and ZIP code SHARED SYSTEMS TECHNOLOGY PO BOX 408 SEWELL, NJ 08080-		3 Social security wages 3234.14	4 Social security tax withheld 200.52		
		5 Medicare wages and tips 3234.14	6 Medicare tax withheld 46.89		
		7 Social security tips	8 Allocated tips		
d Employee's social security number		9 Advance EIC payment	10 Dependent care benefits		
e Employee's name, address, and ZIP code DARRELL CARTER 901 SOUTH 7TH STREET IRONTON, OH 45638		11 Nonqualified plans	12a See instructions for box 12 Code		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b Code		
		14 Other	12c Code		
			12d Code		
15 State Employer's state I.D. no. OH 52-432696 2	16 State wages, tips, etc. 3234.14	17 State income tax 117.81	18 Local wages, tips, etc. 3234.14	19 Local income tax 3234.14	20 Locality name KY NO
					OH NO

**W-2 Wage and Tax Statement**

Copy D - For Employer or  
Copy 1 - For State, City, or Local Tax Department

**2006**

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction  
Act Notice, see back of Copy D.

**CONFIDENTIAL**

Copy B-To Be Filed With Employee's FEDERAL Tax Return		2006 OMB No. 1545-0008
a Control number 60110	1 Wages, tips, other comp. 3234.14	2 Federal income tax withheld 189.09
b Employer ID number (EIN) 22-3270937	3 Social security wages 3234.14	4 Social security tax withheld 200.52
c Employee's name, address, and ZIP code SHARED SYSTEMS TECHNOLOGY PO BOX 408 SEWELL, NJ 08080-	5 Medicare wages and tips 3234.14	6 Medicare tax withheld 46.89
d Employee's social security number	7 Social security tips	8 Allocated tips
e Employee's name, address, and ZIP code DARRELL CARTER 901 SOUTH 7TH STREET IRONTON, OH 45638	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 Code
13 Statutory employee Retirement plan Third-party sick pay OH 52-432696 2	14 Other	12b Code 12c Code 12d Code
15 State Employer's state I.D. no. 18 Local wages, tips, etc. 3234.14	16 State wages, tips, etc. 3234.14	17 State income tax 117.81

Copy C-For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.)		2006 OMB No. 1545-0008
a Control number 60110	1 Wages, tips, other comp. 3234.14	2 Federal income tax withheld 189.09
b Employer ID number (EIN) 22-3270937	3 Social security wages 3234.14	4 Social security tax withheld 200.52
c Employee's name, address, and ZIP code SHARED SYSTEMS TECHNOLOGY PO BOX 408 SEWELL, NJ 08080-	5 Medicare wages and tips 3234.14	6 Medicare tax withheld 46.89
d Employee's name, address, and ZIP code DARRELL CARTER 901 SOUTH 7TH STREET IRONTON, OH 45638	7 Social security tips	8 Allocated tips
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 Code
13 Statutory employee Retirement plan Third-party sick pay OH 52-432696 2	14 Other	12b Code 12c Code 12d Code
15 State Employer's state I.D. no. 18 Local wages, tips, etc. 3234.14	16 State wages, tips, etc. 3234.14	17 State income tax 117.81

The image shows the official IRS e-file logo. It features the words "IRS e-file" in a stylized font where the 'e' and 'file' are connected. Below this, there is a horizontal banner with the text "Visit the IRS website, accurate, secure, fast, easy, and free. File your taxes online with e-file." The background of the logo is white.

Employee's name, address, and ZIP code		DARELL D CARTER 301 S 7TH ST IRONTON, OH 45638	
Employer's EIN/FEI number		34-1362630	
Wages, tips, other comp.		379.00	
Federal income tax withheld		4 Social security wages 379.00	
State security wages 379.00		5 Medicare wages 379.00	
Social security tax withheld		6 Medicare tax withheld 379.00	
Medicare wages 379.00		7 Dependent care benefits 5.5	
Social security tips 8 Allocated tips		8 Nonqualified plans 12a Self contribution for box 12	
Advantage EIC payment 10 Dependent care benefits		11 Other 12b 12c 12d 13 Start emp Ret. plan 3rd party etc. 14 State Employee's state ID no. 15 State wagee, tips, etc. 16 State wages 379.0	
State income tax 379.0		17 Local wages, tips, etc. 18 Local wages 3.95	
Local income tax 3.95		19 Local misc other tax 19 Local misc other tax 19 Local misc other tax	

**CONFIDENTIAL**

2005 W-2 and EARNINGS SUMMARY	
is due January 31st. See section 16 of Form W-2 for help describing portions of reverse side multicolumn summary section included with your W-2. To help determine which information you must attach to your W-2, see section 1 of Form W-2.	
1. The following information reflects your minimum pay such plus any adjustments submitted by your employer. Box 14(b) Box 14(c) Box 14(d) Box 14(e) Box 14(f)	
Gross Pay	379.00
2. The following information reflects your minimum pay such plus any adjustments submitted by your employer. Box 14(b) Box 14(c) Box 14(d) Box 14(e) Box 14(f)	20.50 OH State Income Tax
3. Box 14(b) Box 14(c) Box 14(d) Box 14(e) Box 14(f)	351.50
4. Box 14(b) Box 14(c) Box 14(d) Box 14(e) Box 14(f)	351.50
5. Box 14(b) Box 14(c) Box 14(d) Box 14(e) Box 14(f)	351.50
6. Box 14(b) Box 14(c) Box 14(d) Box 14(e) Box 14(f)	351.50
7. Box 14(b) Box 14(c) Box 14(d) Box 14(e) Box 14(f)	351.50
8. Box 14(b) Box 14(c) Box 14(d) Box 14(e) Box 14(f)	351.50
9. Box 14(b) Box 14(c) Box 14(d) Box 14(e) Box 14(f)	351.50
10. Box 14(b) Box 14(c) Box 14(d) Box 14(e) Box 14(f)	351.50
11. Box 14(b) Box 14(c) Box 14(d) Box 14(e) Box 14(f)	351.50
12. Your Gross Pay was adjusted as follows to produce your W-2 statement.	
Fed Income Tax Withheld	Box 2 of W-2
State Income Tax Withheld	Box 6 of W-2
Medicare Tax	Box 9 of W-2
Social Security	Box 10 of W-2
Other Deductions	Box 11 of W-2

4. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your Payroll.

DARRELL D CARTER  
901 S 7TH ST  
TAXABLE MARRIED  
SOCIAL SECURITY NUMBER: 300-64-7867  
EXEMPTIONS/ALLOWANCES:  
FEDERAL: 4  
STATE: 4  
IRONTON, OH 45638

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your Payroll.

לעומת הכתובים במקרא, מילויים נאמרים כבנין של מילים או מושגים.

Form 1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return

2004

(99) IRS Use Only - Do not write or staple in this space.

**Label**  
 (See instructions.)  
**Use the IRS label.**  
 Otherwise, please print or type.

LABEL HERE

For the year Jan. 1 - Dec. 31, 2004, or other tax year beginning		ending	OMB No. 1545-0074
Your first name and initial		Last name	Your social security number
DARRELL D		CARTER	
If a joint return, spouse's first name and initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.	
901 SOUTH 7TH STREET			
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.			
IRONTON, OH 45638			

▲ **Important!** ▲  
 You must enter  
 your SSN(s) above.

Presidential

Election Campaign  
(See instructions.)

Filing Status

Check only  
one box.

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You  Yes  No Spouse  Yes  No

- 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. ►
- 4  Head of household (with qualifying person). (See instr.)  
 If the qualifying person is a child but not your dependent, enter this child's name here. ►
- 5  Qualifying widow(er) with dependent child (see instr.)

Exemptions

If more than four dependents, see instructions.

6 a  Yourself. If someone can claim you as a dependent, do not check box 6ab  Spouse

c Dependents:

(1) First name	Last name
ALISA CARTER	
DENISE CARTER	
DARREL CARTER	

(2) Dependent's social security number

(3) Dependent's relationship to you

(4)  if qualifying child for child tax credit (see instr.)

DAUGHTER

DAUGHTER

SON

Boxes checked on 6a and 6b

1

No. of children

3

● lived with you

● did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ►

4

6,886

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7
8 a Taxable interest. Attach Schedule B if required . . . . .	8a
b Tax-exempt interest. Do not include on line 8a . . . . .	
9 a Ordinary dividends. Attach Schedule B if required . . . . .	9a
b Qualified dividends (see instructions) . . . . .	9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . . . .	10
11 Alimony received . . . . .	11
12 Business income or (loss). Attach Schedule C or C-EZ . . . . .	12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13
14 Other gains or (losses). Attach Form 4797 . . . . .	14
15 a IRA distributions . . . . .	15a
b Taxable amount (see instr.) . . . . .	15b
16 a Pensions and annuities . . . . .	16a
b Taxable amount (see instr.) . . . . .	16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17
18 Farm income or (loss). Attach Schedule F . . . . .	18
19 Unemployment compensation . . . . .	19
20 a Social security benefits . . . . .	20a
b Taxable amount (see instr.) . . . . .	20b
21 Other income. List type and amount (see instructions) . . . . .	21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income. ► <input type="checkbox"/>	22
	11,557
23 Educator expenses (see instructions) . . . . .	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24
25 IRA deduction (see instructions) . . . . .	25
26 Student loan interest deduction (see instructions) . . . . .	26
27 Tuition and fees deduction (see instructions) . . . . .	27
28 Health savings account deduction. Attach Form 8889 . . . . .	28
29 Moving expenses. Attach Form 3903 . . . . .	29
30 One-half of self-employment tax. Attach Schedule SE . . . . .	30
31 Self-employed health insurance deduction (see instructions) . . . . .	31
32 Self-employed SEP, SIMPLE, and qualified plans . . . . .	32
33 Penalty on early withdrawal of savings . . . . .	33
34 a Alimony paid b Recipient's SSN ► <input type="checkbox"/>	34a
35 Add lines 23 through 34a . . . . .	35
36 Subtract line 35 from line 22. This is your adjusted gross income ► <input type="checkbox"/>	36
	NONE
	11,557

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

CONFIDENTIAL

Form 1040 (2004) DARRELL D CARTER

Page 2

<b>Tax and Credits</b>	37 Amount from line 37 (adjusted gross income) . . . . .	37	11,557	
<b>Standard Deduction for -</b>	38 a Check if: <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind, Total boxes <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind, checked ► 38a	38		
	b If your spouse itemizes on a separate return or you were a dual-status alien, see instr and check here ► 38b	38b		
	39 Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . . . .	39	7,150	
	40 Subtract line 39 from line 37 . . . . .	40	4,407	
	41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions . . . . .	41	12,400	
	42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- . . . . .	42	NONE	
	43 Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 . . . . .	43	NONE	
	44 Alternative minimum tax (see instructions). Attach Form 6251 . . . . .	44		
	45 Add lines 43 and 44 . . . . .	45		
	46 Foreign tax credit. Attach Form 1116 if required . . . . .	46		
	47 Credit for child and dependent care expenses. Attach Form 2441 . . . . .	47		
	48 Credit for the elderly or the disabled. Attach Schedule R . . . . .	48		
	49 Education credits. Attach Form 8863 . . . . .	49		
	50 Retirement savings contributions credit. Attach Form 8880 . . . . .	50		
	51 Child tax credit (see instructions) . . . . .	51		
	52 Adoption credit. Attach Form 8839 . . . . .	52		
	53 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 . . . . .	53		
	54 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify . . . . .	54		
	55 Add lines 46 through 54. These are your total credits . . . . .	55		
	56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- . . . . .	56	NONE	
<b>Other Taxes</b>	57 Self-employment tax. Attach Schedule SE . . . . .	57		
	58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 . . . . .	58		
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . .	59		
	60 Advance earned income credit payments from Form(s) W-2 . . . . .	60		
	61 Household employment taxes. Attach Schedule H . . . . .	61		
	62 Add lines 56 through 61. This is your total tax . . . . .	62	NONE	
<b>Payments</b>	63 Federal income tax withheld from Forms W-2 and 1099 . . . . .	63	64	
	64 2004 estimated tax payments and amount applied from 2003 return . . . . .	64		
If you have a qualifying child, attach Schedule EIC.	65 a Earned income credit (EIC) . . . . .	65a	2,750	
	b Nontaxable combat pay election ► 65b . . . . .	65b		
	66 Excess social security and tier 1 RRTA tax withheld (see instructions) . . . . .	66		
	67 Additional child tax credit. Attach Form 8812 . . . . .	67		
	68 Amount paid with request for extension to file (see instructions) . . . . .	68		
	69 Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 . . . . .	69		
	70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments . . . . .	70	2,814	
<b>Refund</b>	71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid . . . . .	71	2,814	
Direct deposit?	72 a Amount of line 71 you want refunded to you . . . . .	72a	2,814	
See instructions and fill in 72b, 72c, and 72d.	b Routing number ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number . . . . .	72b		
	73 Amount of line 71 you want applied to your 2005 estimated tax ► 73 . . . . .	73		
<b>Amount You Owe</b>	74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions . . . . .	74		
	75 Estimated tax penalty (see instructions) . . . . .	75	NONE	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No			
	Designee's name ►	Phone no. ►	Personal identification number (PIN) ►	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<b>Paid Preparer's Use Only</b>	Preparer's signature ►	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ►	Jackson Hewitt Tax Service 1708 S 3rd St Ironton	EIN 31-1024105 Phone no.	(740) 532-2794

CONFIDENTIAL

Form <b>1040A</b>		Department of the Treasury - Internal Revenue Service <b>U.S. Individual Income Tax Return</b>	(99) <b>2005</b>	IRS Use Only - Do not write or staple in this space.
<b>Label</b> (See page 18.)	<b>DARRELL D CARTER MARY J CARTER 901 S 7TH STREET IRONTON, OH 45638</b>			OMB No. 1545-0074
<b>Use the IRS label.</b> Otherwise, please print or type.				Your social security number
<b>Presidential Election Campaign</b>	<input checked="" type="checkbox"/> Check here if you, or your spouse, if filing jointly, want Standard deduction (see page 18). ▶			<input type="checkbox"/> You <input type="checkbox"/> Spouse
<b>Filing status</b>	1 <input type="checkbox"/> Single	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & name below.	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
<b>Check only one box.</b>				5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 19)
<b>Exemptions</b>	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.  <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependents:			Boxes checked on 6a and 6b <b>2</b> No. of children on 6c who: • lived with you <b>2</b> • did not live with you due to divorce or separation (see page 22) _____  Dependents on 6c not entered above _____
If more than six dependents, see page 21.	<b>DARRELL CARTER JR ALISA CARTER</b>			Add numbers on lines above ▶ <b>4</b>
<b>Income</b>	<b>d Total number of exemptions claimed.</b>			
Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.	7 Wages, salaries, tips, etc. Attach Form(s) W-2.			7 <b>23,805.</b>
If you did not get a W-2, see page 24.	8a Taxable interest amounts. Schedule A if required. b Tax-exempt interest. Do not include on line 8a.			8a _____
Enclose, but do not attach, any payment.	9a Ordinary dividends. Attach Schedule 1 if required. b Qualified dividends (see page 25).			9a _____
	10 Capital gain distributions (see page 26).			10 _____
	11a IRA distributions.	11b Taxable amount (see page 25).	11b _____	
	12a Pensions and annuities.	12b Taxable amount (see page 26).	12b _____	
	13 Unemployment compensation & Alaska Permanent Fund dividends.			13 <b>1,036.</b>
	14a Social security benefits.	14b Taxable amount (see page 28).	14b _____	
<b>Adjusted gross income</b>	15 Add lines 7 through 14b (far right column). This is your total income.			▶ 15 <b>24,841.</b>
	16 Educator expenses (see page 27).	_____		
	17 IRA deduction (see page 28).	17 _____		
	18 Student loan interest deduction (see page 31).	18 _____		
	19 Tuition and fees deduction (see page 32).	19 _____		
	20 Add lines 16 through 19. These are your total adjustments.			20 _____
	21 Subtract line 20 from line 15. This is your adjusted gross income.			▶ 21 <b>24,841.</b>
KBA	For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 58.			

Form 1040A (2005)

CONFIDENTIAL

Declaration Control Number (DCN)

00-440084-54390-6

IRS Use Only. Do not write or staple in this space.

Form 8453-OL

Department of the Treasury  
Internal Revenue ServiceU.S. Individual Income Tax Declaration  
for an IRS e-file Online Return

For the year January 1 - December 31, 2005

► See separate instructions.

OMB No. 1545-0074

2005

Use the IRS label. Otherwise, please print or type.	L	Your first name and initial <b>DARRELL D</b>	Last name <b>CARTER</b>	Your social security number
	A			Spouse's social security no.
	B	If a joint return, spouse's first name and initial <b>MARY J</b>	Last name <b>CARTER</b>	
	E L H E R E	Home address (number and street). If you have a P.O. box, see instructions. <b>901 S 7TH STREET</b>		Apt. no.
City, town or post office, state, and ZIP code <b>IRONTON, OH 45638</b>		Daytime phone number <b>(740) 532-3167</b>		

**Part I** Tax Return Information (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	24,841
2 Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10)	2	204
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	3	780
4 Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	3,195
5 Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12) (see instructions)	5	

**Part II** Declaration of Taxpayer. Be sure to keep a copy of your tax return.

a  I consent that my refund be directly deposited as designated in the electronic portion of my 2005 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

b  I do not want direct deposit of my refund or I am not receiving a refund.

c  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

**CONFIDENTIAL**

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my intermediate service provider and/or transmitter to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

► *Darrell Carter 8-21-06*

Date

► *Mary J. Carter 8-21-06*

Spouse's signature. If a joint return, both must sign. Date

KBA For Paperwork Reduction Act Notice, see separate instructions.

Form 8453-OL (2005)

Form <b>1040A</b>	Department of the Treasury Internal Revenue Service		
<b>U.S. Individual Income Tax Return</b>	<b>2006</b>		RS Use Only Do not write or staple in this space
<b>Label</b>	Your first name and initial  <b>Darrell D</b>	Last name  <b>Carter</b>	SSN No. 1545 0074 Your social security number
<b>Use the IRS label.</b> Otherwise, please print or type	If a joint return spouse's first name and initial  <b>Mary J</b>	Last name  <b>Carter</b>	Spouse's social security number
	Home address (number and street). If you have a P.O. box see instructions  <b>901 S. 7th Street</b>	Apt. no.	You must enter ▲ your SSN(s) above ▲
	City, town or post office, state, and ZIP code. If you have a foreign address see instructions  <b>Tinton, OH 45638</b>		Checking a box below will not change your tax or refund

<b>Presidential Election Campaign</b>	► Check here if you, or your spouse if filing a joint return, want \$3 to go to this fund? ► <input type="checkbox"/> You <input type="checkbox"/> Spouse			
<b>Filing status</b>	1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and file name here ►	4 <input type="checkbox"/> Head of household (with qualifying person) (See instructions) If the qualifying person is a child but not your dependent, enter this child's name here ►		
<b>Exemptions</b>	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (See instructions)	Boxes checked on lines 6a and 6b 2		
If more than six dependents. See instructions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	No. of children on line 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions) 0 Dependents on line 6c not entered above 0		
	b <input checked="" type="checkbox"/> Spouse			
c Dependents:	(1) First name Darrell Carter Last name Carter	(2) Dependent's social security number	(3) Dependent's relationship to you Son Daughter	(4) Check if qualifying child for child tax credit (see instructions)
d Total number of exemptions claimed	Add numbers on lines above ► 4			

<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 27,588.
Attach Forms W-2 here. Also attach Forms 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule 1 if required b Tax-exempt interest. Do not include on line 8a	8a
If you did not get a W-2, see instructions	9a Ordinary dividends. Attach Schedule 1 if required b Qualified dividends (See instructions)	9a 9b
	10 Capital gain distributions (See instructions)	10
Encase, but do not attach, any payment	11a IRA distributions 12a Pensions and annuities	11b Taxable amount (See instructions) 12b Taxable amount (See instructions)
	13 Unemployment compensation, Alaska Permanent Fund dividends, and jury duty pay 14a Social security benefits	13 14b Taxable amount (See instructions) 14b

<b>Adjusted gross income</b>	15 Add lines 7 through 14b (far right column). This is your total income. ► 15 27,588.
	16 Penalty on early withdrawal of savings (see instructions) 16
	17 IRA deduction (see instructions) 17
	18 Student loan interest deduction (see instructions) 18 1,981.
	19 Jury duty pay you gave your employer (see instructions) 19
	20 Add lines 16 through 19. These are your total adjustments. 20 1,981.
	21 Subtract line 20 from line 15. This is your adjusted gross income. ► 21 25,607.

CONFIDENTIAL

Form 1040A (2006) Darrell D and Mary J Carter

Page 2

22 Enter the amount from line 21 (adjusted gross income)

22

25,607.

**Tax credits, and payments**

Standard Deduction for -

- People who checked any box on line 23a or 23b or who can be claimed as a dependent. See inst.
- All others.

Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household \$7,550

23a Check  You were born before January 2, 1942  Blind  Total boxes  
 if:  Spouse was born before January 2, 1942.  Blind  checked ► 23a  0

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here ► 23b

24 Enter your standard deduction (see left margin)	24	10,300
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	25	15,307
26 If line 22 is over \$112,875, or you provided housing to a person disabled by Hurricane Katrina, see instructions. Otherwise multiply \$3,300 by the total number of exemptions claimed on line 6d	26	13,200
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter 0 This is your taxable income.	27	2,107
28 Tax, including any alternative minimum tax (See instructions)	28	211
29 Credit for child and dependent care expenses Attach Schedule 2	29	
30 Credit for the elderly or the disabled. Attach Schedule 3	30	
31 Education credits. Attach Form 8863	31	
32 Retirement savings contributions credit. Attach Form 8880	32	
33 Child tax credit (See instructions). Attach Form 8901 if required	33	
34 Add lines 29 through 33. These are your total credits.	34	0
35 Subtract line 34 from line 28. If line 34 is more than line 28, enter 0	35	211
36 Advance earned income credit payments from Form(s) W-2, box 9	36	
37 Add lines 35 and 36. This is your total tax.	37	211
38 Federal income tax withheld from Forms W-2 and 1099	38	1,055
39 2006 estimated tax payments and amount applied from 2005 return	39	
40a Earned income credit (EIC).	40a	2,269
b Non-taxable combat pay deduction	40b	
41 Additional child tax credit. Attach Form 5812	41	
42 Credit for federal telephone excise tax paid Attach Form 8913 if required	42	60
43 Add lines 38, 39, 40a, 41, and 42. These are your total payments.	43	3,384

If you have a qualifying child, attach Schedule EIC.

**Refund**44 If line 43 is more than line 37, subtract line 37 from line 43  
This is the amount you overpaid.

44

3,173

**Direct Deposit?**45a Amount of line 44 you want refunded to you. If Form 8888 is attached, check here ►  45a

3,173

See instructions  
shown in lines  
45c and 45d, or  
Form 8888

45b Routing number  ► c Type:  Checking  Savings

45c Account number

46 Amount of line 44 you want applied to your  
2007 estimated tax.

46

**Amount**47 Amount you owe. Subtract line 43 from line 37. For details on how  
to pay, see instructions

► 47

48 Estimated tax penalty (See instructions)

48

Do you want to give another person to discuss this return with the IRS? (See instructions)  Yes, complete the following  No**Third party designee**

Designee's name ►	Phone no ►	Personal identification number (PIN) ►
-------------------	------------	--

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately set forth all sources of income received during the tax year. My preparer (other than the tax preparer) is based on a statement of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
----------------	------	-----------------	----------------------

Spouse's signature (if a joint return, both must sign)	Date	Spouse's occupation	Daytime phone number
--	------	---------------------	----------------------

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
----------------------	------	---	------------------------

Preparer's name (or yours if self-employed), address, and ZIP code	Date	EN
--	------	----

		Phone no
--	--	----------

UYA

CONFIDENTIAL

Form 1040A (2006)